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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

19

Application Number

10/646,528

Filing Date

August 22, 2003

First Named Inventor

Kenneth COLLINS

Art Unit

2812

Examiner Name

Unknown

Attorney Docket Number

006915 P05

ENCLOSURES (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Robert M. Wallace Reg. No. 29,119

Signature

Date

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Shelly Hart

Signature

Date

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date

Name

PATENT

Attorney Docket No.: 006915 P05
RW Ref. No.: APM/001-02-CP1-5



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenneth COLLINS, et al.

Serial No.: 10/646,528

Examiner: Unknown

Filed: August 22, 2003

Group Art Unit: 2812

For: PLASMA IMMERSION ION IMPLANTATION APPARATUS INCLUDING
AN INDUCTIVELY COUPLED PLASMA SOURCE HAVING LOW
DISSOCIATION AND LOW MINIMUM PLASMA VOLTAGE

PRELIMINARY AMENDMENT TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R :

Transmitted herewith is a Preliminary Amendment in the above-identified application. The fee has been calculated as shown below.

	Claims remain- ing after amendment	Highest number previously paid for	Present extra	Rate	Additional Fee
Total Claims	58 minus	58 =	0	x \$18	\$000.00
Independent	1 minus	3 =	0	x \$86	\$000.00
If Multiple Dependent Claims Are Present, Add \$290.00					
(If applicant is a "small entity," subtract half of total)					\$000.00

Total additional fee
for this amendment \$000.00


☒ [X] No additional fee is required.

☐ [] A check in the amount of \$ is attached.

☒ [X] The Commissioner is hereby authorized to charge any additional fees or deficiencies or credit overpayment to Deposit Account No. 50-0338.

Respectfully submitted,

Dated: 09/29/2009


Robert M. Wallace
Reg. No. 29,119
Customer No. 000044843
Attorney for Applicants

Robert M. Wallace
Patent Counsel
2112 Eastman Avenue, Suite 102
Ventura, CA 93003
(805) 644-4035

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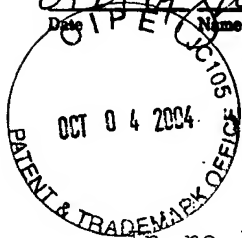
on September 29, 2004 (Date of Deposit)

Date 09-29-04 Name Sheely, Bruce

PATENT

Attorney Docket No. 006915 P05

RW Ref. No.: APM/001-02-CP1-5



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: :
Kenneth COLLINS, et al. :
: Group Art Unit: 2812
Entitled: PLASMA IMMERSION ION :
IMPLANTATION APPARATUS INCLUDING AN :
INDUCTIVELY COUPLED PLASMA SOURCE :
HAVING LOW DISSOCIATION AND LOW :
MINIMUM PLASMA VOLTAGE :
: Examiner: Unknown
Serial No.: 10/646,528 :
: :
Filing Date: August 22, 2003 :

PRELIMINARY AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to taking action in this case, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 16 of this paper.